Did you:

- 1. Answer all the questions and review your application for completeness?
- 2. Attach all the required forms (your individual case may require you to file forms in addition to those listed below):
 - 1) Form 1E (Application)
 - 2) Form 5 (Status Sheet)
 - 3) Form 6 (Checklist)
 - 4) Form 12 (Address labels)
 - 5) Form 14 (Summary sheet in duplicate)
 - 6) Copy of your MBE transfer form?
- 3. Sign the acknowledgement before a notary public or commissioner of the superior court?
- 4. Make sure that all forms printed clearly and completely?
- 5. Enclose a <u>certified check</u> or <u>money order</u> in the amount of \$450.00 payable to: Connecticut Bar Examining Committee? (<u>NOTE: Fee is not refundable or transferable.</u>)

NOTE: If you are transferring an MBE score to Connecticut, you must review the instructions for transferring an MBE on our website and submit the correct form and fee to the appropriate entity BEFORE you sit for the bar examination and send a COPY of what you submitted with this application. All transferred scores must be received by the Bar Examining Committee by 31 August 2006. Failure to do so will result in a "0" on the MBE for Connecticut and, consequently, you will fail the Connecticut bar examination.

The filing deadline is Wednesday 31 May 2006. Your application must be RECEIVED by that date. Late applications will be returned.

Send your application, required supporting documents and fee to:

Connecticut Bar Examining Committee July 2006 Application Department 100 Washington Street Hartford, CT 06106-4411

Form 1E	Official Use Only			
FOI III 1E	Official Use Offiy	Connecticut Bar Exar	nining Committee	
DF		Application for Adm	· ·	July 2006
	~~~	As An Attorney in		Bar Examination
App #	706-	By Exami		Dai Examination
	ad the rules, regulations ar	nd instructions before completing		<u> </u>
		and the application signed and no		
	V 2	the top of the Authorization and		
D. Ei	nclose your certified check o	or money order for \$450.00 payal	ole to " <b>Connecticut Bar Ex</b> a	amining Committee."
	submits the following swor will notify the Bar Exan	r admission to practice as an atto n statement and attachments. Th nining Committee of any cha ions Governing Admission to the SECTION I. BIOGRAPH	nis application is a continuinges in any information parand the Rules of Profession	uing application and I provided herein. I have
1. Full	Name			
		(Last)	(First)	(Middle)
2. Nan	ne as you wish it to appear o	on your admission certificate:		
		(Last)	(First)	(Middle)
3. Plac	e of Birth		Date of Birth	
		City/State/Country		mm/dd/yyyy
4. Soci	al Security Number			
The Con	information is requested punmittee. The information w	B)(A) applicants are advised that ursuant to Practice Book Sec. 2-4 ill be used to match various recor	and Article III of the Regulati ds with your file.]	ons of the Bar Éxamining
5. Peri	nanent/home address and t	telephone number (a street addre	ss is required; a P.O. box num	nber is not acceptable):
Street				
City				
State	Zip Code	Telephone		
6. Bus	iness address and telephone	e number (a street address is requ	iired; a P.O. box number is no	t acceptable):
Business	Name			
Street				
City				

Telephone

Telephone

examination)? If so, give the month and year of each such application.

Have you ever made prior application for admission to the Connecticut bar (by examination or on motion without

 $Correspondence\ address\ and\ telephone\ number.\ If\ temporary,\ supply\ effective\ dates:$ 

State

Street City

State

Yes □ No

7.

Zip Code

Zip Code

1 V2

To

Yes	No	9.			birth name (other than those listed in Questions 1 & 2 List all such names and dates and places of use.
Name	<u> </u>			Reason for use	
	of use		From	To	Places of use
Name	;			Reason for use	
Dates	of use		From	То	Places of use
Yes	No	10.	registration number and a		our immigration status and provide your alien rd. If you do not have an alien registration number or IS issued documents.
			SECTION II. MULT	ISTATE PROFESSIONAL RE	SPONSIBILITY EXAMINATION
		11.	Check the option below on Check only one box.	which you intend to rely to fu	alfill the requirement of Article IV:
				Multistate Professional Respo	nsibility Examination on and
			I have completed/will com	•	Connecticut Bar Examining Committee.  I Responsibility/Legal Ethics on  ing Committee
			SEC	TION III. MULTISTATE BAR	EXAMINATION
		12.	Check only one box. I will take the Multistate B	Sar Examination in Connectic	ut on 26 July 2006.
			I request permission to us	e the score on the Multistate I	Bar Examination:
	*		I have taken in Connecticu	nt on	
				26 July 2006 and have comp of the NCBE MBE transfer for	oleted the NCBE MBE transfer form rm with this application.
	*		I have taken in New York and have included a copy of	on of the NCBE MBE transfer for	and have completed the NCBE MBE transfer form with this application
			I will take in appropriate transfer form	(see MBE transfer instruction	on 26 July 2006 and have completed the sheets).
	*		I have taken in transfer form (see MBE tra	on ansfer instruction sheets).	and have completed the appropriate

 *  MBE scores prior to February 2005 will not be accepted for transfer.

### SECTION IV. RESIDENCES

13. List in chronological order (from oldest to most recent) every residence, permanent or temporary, for more than thirty days, since your eighteenth birthday or for the last ten years, whichever is shorter. Attach Form 13A with additional residences if necessary.

From:	To:	
Street	·	
City		
State	Zip Code	
	1 1	
From:	To:	
Street	·	
City		
State	Zip Code	
From:	To:	
Street		
City		
State	Zip Code	
	1 1	
From:	To:	
Street		<del>'</del>
City		
State	Zip Code	
	1 1	
From:	To:	
Street		
City		
State	Zip Code	
	<del>'</del>	
From:	To:	
Street	•	<u>'</u>
City		
State	Zip Code	
	1 -	
From:	To:	
Street		
City		
State	Zip Code	
From:	To:	
Street	·	<u> </u>
City		
State	Zip Code	
From:	To:	
Street		
City		
State	Zip Code	
1	1 * L	
From:	To:	
Street	'	· · · · · · · · · · · · · · · · · · ·
City		
State	Zip Code	

### SECTION V. REFERENCES

14. List the names and complete addresses of three persons unrelated to each other with whom you are personally acquainted and who are not related to you by blood or marriage. Personal references in this question may NOT be the same people supplying employer references required in Question #17. You must provide a Form 10 to each person named below for completion and transmittal to the Bar Examining Committee.

Nam	P			
Stree				
City	_		State	Zip Code
J				1
Nam	e			
Stree	_			
City			State	Zip Code
Nam	_			
Stree	t _			
City			State	Zip Code
			SECTION VI.	EDUCATION
Yes	No	15.	Have you ever been expelled, suspended, placed disciplinary proceeding by any college, universit	on probation or been the subject of or party to any cy or law school? If so, explain.
Yes	No	16.	Have you ever been absent from any post-seconthan ten consecutive days, other than for regular	
		17.	LAW SCHOOLS). If no degree was received, exp directly to the Bar Examining Committee (a stud submit Form 4 directly to the Bar Examining Co	recent) all colleges and universities attended (INCLUDING plain. Each school must submit an official, final transcript dent copy is NOT acceptable). Each law school must also ommittee by 20 July 2006 with the official, final transcript that law school attached. Attach Form 17A for additional
Scho	ol			Degree
City				State
Zip C	ode		From	To
Expla	anation	for no	degree:	
Schoo	ol			Degree
City				State
Zip C		_	From	To
Expla	anation	for no	degree:	
0.1	,			D.
School City	ol <u> </u>			Degree State
	do		From	To State
Zip C		forno	o degree:	10
Expid	anation	101 110	degree.	

Tap Code	School		Degree	
SECTION VII. EMPLOYMENT AND LAW PRACTICE	City	Enone	State	
SECTION VII. EMPLOYMENT AND LAW PRACTICE  18. Beginning with your sixteenth birthday or for the last ten years, whichever is shorter, list in chronological order (from oldest to most recent) the name of each employer. Include any periods of self-employment or unemployment. You must send a Form II to each employer named below for completion and transmittal to the Bar Examining Committee. Exceptions to this are set forth in the instructions for Form II. For type of position use the following: P = Paid; C = For academic credit; or V = volunteer. Attach Form 18A if you need to list more than five employers.  From			10	
18. Beginning with your sixteenth birthday or for the last ten years, whichever is shorter, list in chronological order (from oldest to most recent) the name of each employer. Include any periods of self-employment or unemployment. You must send a Form II to each employer named below for completion and transmittal to the Bar Examining Committee. Exceptions to this are set forth in the instructions for Form II. For type of position use the following: P = Patic. C = For academic credit; or V = volunteer.    From	Explanation for no	degree:		
None   (from oldest to most recent) the name of each employer. Include any periods of self-employment or unemployment. You must send a Form II to each employer named below for completion and transmittal to the Bar Examining Committee. Exceptions to this are set forth in the instructions for Form II. For type of position use the following: P = Paid; C = For cademic credit; or V = volunteer. Attach Form 18A if you need to list more than five employers.    From				
Name         State         Zip Code           Position held         Type         Type           Supervisor         Type of business         Type           Reason for leaving         To         Name           From         To         Type           Name         Type         Type           Street         Type of business         Type           Supervisor         Type of business         Type           Reason for leaving         To         Name           Street         Type of business         Type           City         State         Zip Code           Position held         Type of business           Reason for leaving         Type of business		(from oldest to most recent) the name of each unemployment. You must send a Form 11 to each Examining Committee. <b>Exceptions to this</b> a For type of position use the following: P = Paid	employer. Include an ach employer named b are set forth in the d; C = For academic co	y periods of self-employment or below for completion and transmittal to the Bar instructions for Form 11.
Street	From	_	То	
City         State         Zip Code           Position held         Type of business           Reason for leaving         To           From			_	
Position held   Supervisor   Type of business	Street			
Position held   Supervisor   Type of business	City	State	Zip Code	
Type of business   Type   Type			<u> </u>	Type
From	Supervisor		Type of business	
From				
Name   Street   State   Zip Code   Type	8			
Name   Street   State   Zip Code   Type				
Street         Zip Code           Position held         Type           Supervisor         Type of business           Reason for leaving         To           Name           Street         Zip Code           City         State         Zip Code           Position held         Type           Supervisor         Type of business           Reason for leaving         To           Name         To           Street         State         Zip Code           City         State         Zip Code           Position held         Type         Type           Street         Type         Type           State         Zip Code         Type           Supervisor         Type of business	From		To	
City State Zip Code Position held Type Supervisor Reason for leaving  From To To Name Street City State Zip Code Position held Type Supervisor Type of business Reason for leaving  To To Name Street City State Zip Code Position held Type Supervisor Type of business Reason for leaving  From To To Name Street City State Zip Code Type of business  From To To Name Street City State Zip Code Type of business  To To Name Street City State Zip Code Type Type of business  Type of business	Name			
Position held Type of business Reason for leaving  From To Name Street City State Zip Code Position held Type Supervisor Type of business Reason for leaving  From To To Type of business Reason for leaving  To Type of business Reason for leaving  From To	Street			
Position held Supervisor Reason for leaving  From To Name Street City State Zip Code Position held Type Supervisor Reason for leaving  To To Name Street City State Zip Code Position held Type Supervisor Type of business Reason for leaving  From To Name Street City State Zip Code Type Supervisor Type of business To Name Street City State Zip Code Type To Name Street City State Zip Code Position held Type To Name Street City State Zip Code Position held Type Supervisor Type of business	City	State	Zip Code	
Type of business   Type of business   Type of business			·	Type
From	Supervisor		Type of business	
From				
Name   Street   State   Zip Code   Position held   Type   Supervisor   Type of business   To   Name   Street   City   State   Zip Code   State   Zip Code   Type   Supervisor   Type of business   To   Street   Street   State   Zip Code   Type   Supervisor   Type of business   Type   Type				
Name   Street   State   Zip Code   Position held   Type   Supervisor   Type of business   To   Name   Street   City   State   Zip Code   State   Zip Code   Type   Supervisor   Type of business   To   Street   Street   State   Zip Code   Type   Supervisor   Type of business   Type   Type				
Street City State Zip Code Position held Type Supervisor Type of business Reason for leaving  From To Name Street City State Zip Code Position held Type Tope Tope Tope Tope Tope Tope Tope Type Type Type Type Type Type Type Ty	From		To	
City State Zip Code Position held Type Supervisor Type of business Reason for leaving  From To Name Street City State Zip Code Position held To T	Name			
Position held         Type           Supervisor         Type of business           Reason for leaving         To           Name         Street           City         State         Zip Code           Position held         Type           Supervisor         Type of business	Street			
Supervisor         Type of business           Reason for leaving         To           From Name         To           Street         State           City         State         Zip Code           Position held         Type           Supervisor         Type of business	City	State	Zip Code	
Supervisor         Type of business           Reason for leaving         To           From Name         To           Street         State           City         State         Zip Code           Position held         Type           Supervisor         Type of business	Position held			Type
From Name         To           Street         State         Zip Code           Position held         Type           Supervisor         Type of business	Supervisor		Type of business	
Name         Street           City         State         Zip Code           Position held         Type           Supervisor         Type of business	Reason for leaving			
Name         Street           City         State         Zip Code           Position held         Type           Supervisor         Type of business				
Name         Street           City         State         Zip Code           Position held         Type           Supervisor         Type of business				
Street         City         State         Zip Code           Position held         Type           Supervisor         Type of business			_ To	
City State Zip Code Position held Type Supervisor Type of business	<u> </u>			
Position held Type Supervisor Type of business				
Supervisor Type of business		State	Zip Code	
				Туре
Reason for leaving			Type of business	
	Reason for leaving			

From			To
Name	<u> </u>		
Street	t		
City			State Zip Code
	on held	i	Type
Super			Type of business
Reaso	on for l	eaving	
Yes	No	19.	Have you ever been discharged or terminated by an employer? If so, explain.
Yes	No	20.	Have you ever resigned or been requested to resign in lieu of impending or anticipated disciplinary action by an employer? If so, explain.
Yes	No	21.	Have you ever been absent from a job for more than ten consecutive work days, other than regularly scheduled vacations? If so, explain.
Yes	No	22.	Have you ever filed an application for admission to the bar and/or to sit for the bar examination in a jurisdiction other than Connecticut, including applications which you have filed OR INTEND TO FILE, to sit for the July 2006 bar examination, and including registration as a law student, an application for reinstatement and any application subsequently withdrawn? Submit a copy of each application filed within the last ten years. If a copy of an application is not available, you must submit a letter from the appropriate authority attesting to that fact.
Juriso	diction		
Date			
Curre	nt stat	us (e.g.	: pending, pass, fail, withdrawn)
	diction		
Date			
Curre	nt stat	us (e.g.	: pending, pass, fail, withdrawn)
	diction		
Date		<del>-</del>	
Curre	nt stat	us (e.g.	: pending, pass, fail, withdrawn)
Yes	No	23.	Are you or have you ever been a member of the bar of another jurisdiction? If so, submit a certificate of good standing for each jurisdiction. If you are not in good standing, explain.
	diction		
	of adm		Bar Number:
Good	standi	ng Y	Yes No Explanation
Jurica	diction		
	of adm	ission	Bar Number:
	standi		Ves No Explanation
		<u> </u>	<b></b> .
Įurie,	diction		
	of adm	ission	Bar Number:
	standi		Ves No Explanation

Yes	No	24.	Have you ever been reprimanded, suspended, disbarred or otherwise disciplined, or are there any charges or complaints pending against you as an attorney, or have you ever been accused of the unauthorized practice of law, or have you ever resigned or been requested to resign from the bar in lieu of impending or anticipated
NA			disciplinary action.? If so, explain.
Yes  I	No	25.	Have you been entitled to practice law in each of the jurisdictions specified in Question 22 above and before each court continuously from the date you first became entitled until the date hereof? If not, state the dates during which you have not been so entitled, the nature of the disqualification, and the name and address of the person or authority in possession of the record thereof.
Juris	diction		Dates of disqualification From To
Natu	re of di	squalifi	ication
		ordholo ecordh	
Huur	C33 01 1	ccorum	Juli 1
			SECTION VIII. MILITARY SERVICE
Yes	No	26.	Have you registered under the Selective Service Act? (See www.sss.gov for information.)  If Yes, list registration number
			If No, state reason
Yes	No	27.	Are you or have you ever been a member of the armed forces of the United States (including the National Guard or any reserve component)? If so, submit a Report of Separation DD214 or its equivalent, for each period of active duty. Also complete Form 16 and submit it with your bar application.
	ch of se		Highest rank
Dates Type	of disc	rom harge	То
J1		- 0	
D	-1C	·•	History and
Dates	ch of se s F	rom	Highest rank To
Type	of disc	harge	
Bran	ch of se	rvice	Highest rank
Dates	s F of disc	rom bargo	То
Туре	or disc	narge	
			SECTION IX. GENERAL QUESTIONS
Yes	No	28.	Have you failed to file any local, state or federal income tax return as required by law or failed to pay any taxes when due? If yes, give full details below and furnish documentation showing that taxes are current.
Yes □	No	29.	Have you ever been offered or been granted immunity, or have you ever testified or been called as a witness in any criminal action or proceeding in which you were not a party? If so, explain.

Yes	No	30.	Have you ever applied for or held a license or permit, other than as an attorney at law, the procurement of which required proof of good character? If so state the name of authority to whom the application was made, the date granted or denied and the current status of that license or permit.
Type	of licen	se/per	mit Name of authority
Grant		Yes	□ No □ Date Current status
	of licen		
Grant	ted	Yes	□ No □ Date Current status
Yes	No	31.	Have you had any license or permit suspended or revoked because of unprofessional conduct? If so, explain.
Yes	No	32.	Have you ever been bonded?
Yes	No	33.	If so, have you ever been refused a bond or has anyone ever sought to recover on or cancel such bond? If so, Explain.
NA		-	
purpcons psych Conn who psyc india On or pract his or assig poss opin comp The C situa does If you	pose of sidered hologic have of hologic cated i casion tice of or her in gned to esses to ion or petent. Connectional is not view of the connection of the conne	these on an and all deposit bar. It ba	88 address recent mental health and chemical or psychological dependency matters. The questions is to determine the current fitness of an applicant to practice law. Each applicant is individual basis. The mere fact of treatment for mental health problems or chemical or bendency is not, in and of itself, a basis on which an applicant is ordinarily denied admission to the The Connecticut Bar Examining Committee regularly recommends licensing of individuals strated personal responsibility and maturity in dealing with mental health and chemical or pendency issues. The Committee encourages applicants who may benefit from treatment to seek it. As Rules, all proceedings conducted pursuant to the Rules and Regulations are confidential.  Lense may be denied when an applicant's ability to function is impaired in a manner relevant to the the time that the licensing decision is made, or when an applicant demonstrates a lack of candor by isses. Protection of the public that will receive legal services underlies the licensing responsibilities formittee. Furthermore, each applicant is responsible for demonstrating that he or she alifications necessary to practice law. Your response may include information as to why, in your f your treatment provider, your condition will not affect your ability to practice law in a rofessional manner.  Bar Examining Committee does not, by its questions, seek information that is characterized as seeling, such as stress counseling, domestic counseling, and grief counseling. Generally, the Committee ese types of counseling as germane to the issue of whether an applicant is qualified to practice law.
Yes	No	34.	Since you graduated from college or for the past ten years, whichever is shorter, have you been hospitalized for treatment of a mental, emotional or nervous disorder or condition?

es		33.	disorder, bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including
			kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism, or voyeurism? If yes, identify for which of the listed conditions you were treated, state the beginning and ending dates of each treatment, and the name and complete address of the treating doctor or professional. Direct each such doctor or professional to furnish to the Committee any information the committee may request with respect to any such treatment.
Yes	No	36.	Do you currently have any condition or impairment (including but not limited to substance abuse, alcohol abuse or a mental, emotional or nervous disorder or condition) which in any way affects your ability to practice law in a competent and professional manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a lawyer.
Yes □ NA	No	37.	If your answer to Question 36 is "YES", are the limitations or impairments caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?
Yes	No	38.	Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous or behavioral disorder or condition as a defense, or in mitigation or explanation of your actions in the course of any administrative or judicial proceeding or investigation, or in any other inquiry or proceeding, or in any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority? If so, explain on Form 2.
			SECTION X. CREDIT Questions 39 and 40 are limited to the last ten years
Yes	No	39.	Are you presently in arrears or have you ever been in default in the performance of the obligation on a student loan? If so, list each such loan, the name of the creditor, account number, amount owed and the steps you have taken to bring the account up to date.
Credi	_		
	unt nur	nber 1g curre	Amount
этерз	10 1111	ig curre	
Credi	tor unt nui	nhor	Amount
		ng curre	
Credi	_	,	
	unt nur to brir	nber 1g curre	ent Amount
Yes	No	40.	Has a judgment ever been entered against you in favor of a creditor? If so, submit a copy of the complaint, answer, judgment and satisfaction of judgment.
Credi	tor		
Amou	ınt		Judgment satisfied Yes 🗌 No 🗌
Forui	m		

Credi	itor			
Amo			Jude	gment satisfied Yes 🗌 No 🗌
Foru				, – –
				SECTION XI. CIVIL PROCEEDINGS Questions 41 - 45 are limited to the last ten years
Yes	No	41.	-	s or default in the performance of any court ordered duty or obligation? If so, submit a copy on Form 2 an explanation of the steps you have taken to remedy the arrearage or default.
Yes	s No 42. Are you present		agreement, judgr	y, or have you ever been, in arrears or default in the performance of any court approved ment or court order concerning child support? If so, supply all documentation pertaining thereto on Form 2 outlining the steps you are presently taking to remedy such arrearage or default.
Yes □	No	43.	Have you ever fil	ed a grievance against an attorney or a judge? If so, explain.
Yes	improper condu		improper conduc	en a defendant in any civil proceeding in which allegations of fraud, misrepresentation or other et were made against you. If so, provide the information below and submit a copy of the er, judgment and any pending motions.
A. B. C. D. E. F. G.	Your a	of forus t numb led e of case	er e in case	Jones v. Smith Hartford Superior Court CV-02-001 01 Jan 02 Personal injury EXAMPLE Defendant Jane Doe Elizabeth Green
I.			s or disposition	Verdict for plaintiff
				PHOTOCOPY AS NECESSARY
A.	Title of			
B.	Name			
C. D.	Docket Date fi		er	
E.	Nature			
F.			in case	
G.	Your a			
H.	Oppos			
I.			s or disposition	
			-	
A.	Title o	f case		
B.	Name			
C.	Docket		er	
D.	Date fi			
E.	Nature			
F.	-		in case	
G.	Your a			
Н. т	Oppos			
I.			s or disposition	

Yes	civil proceeding be actions at law, suit	d in Questions 40 and 44 above, have you ever been a party to any civil proceeding or has any een instituted by you, on your behalf or against you including, but not limited to, suits in equity, ts or petitions in bankruptcy, statutory proceedings, competency or commitment proceedings, aining orders, guardianship, probate, paternity, or any other civil and administrative
A. B. C. D. E. F. G.	Title of case Name of forum Docket number Date filed Nature of case Your position in case Your attorney Opposing attorney	
I.  A. B. C. D. E. F. G. H.	Current status or disposition  Title of case Name of forum Docket number Date filed Nature of case Your position in case Your attorney Opposing attorney Current status or disposition	
Yes	No 46. Have you ever bee a pretrial diversion temporary restrain conviction, acquite order or family vio	FION XII. CRIMINAL AND MOTOR VEHICLE PROCEEDINGS on convicted of a criminal charge, been acquitted by reason of mental disease or defect, entered in program or been the respondent in a criminal protective order or a family violence ming order? If so, submit a copy of the arrest report and all other documents relating to each tal by reason of mental disease or defect, pretrial diversion program, criminal protective blence temporary restraining order. Submit an affidavit reciting in detail the facts and each reported event.
A. B. C. D. E.	Title of case Name of forum Docket number Date of conviction/disposition Conviction offense Initial charge (if different)	State v. Smith Hartford Superior Court CR-02-001 01 Jan 02 EXAMPLE Larceny 3 Grand theft auto
A. B. C. D. E.	Title of case Name of forum Docket number Date of conviction/disposition Conviction offense Initial charge (if different)	

Yes		ninal charges pending against you? If so, submit a copy of the arrest report and all other d to each pending charge. Submit an affidavit reciting in detail the facts and circumstances nding charge.
A.	Title of case	State v. Smith
В.	Name of forum	Hartford Superior Court
C.	Docket number	CR-02-001
D.	Date of arrest	01 Jan 02 <b>EXAMPLE</b>
E.	Date of trial	01 Feb 02
F.	Offense charged	Grand theft auto
A.	Title of case	
В.	Name of forum	
C.	Docket number	
D.	Date of arrest	
E.	Date of trial	
F.	Offense charged	
Yes	the influence (DU)	e years, have you been charged with reckless driving , evading responsibility, driving under I) or driving while intoxicated (DWI)? On Form 2 submit a narrative of the events related
	to each charge.	
Α.		Connecticut
A. B.	Jurisdiction	Connecticut 01 Jan 02
В.	Jurisdiction Date of charge	
В. С.	Jurisdiction Date of charge Docket number (if any)	01 Jan 02
В.	Jurisdiction Date of charge	01 Jan 02 n/a <b>EXAMPLE</b> DWI
B. C. D.	Jurisdiction Date of charge Docket number (if any) Initial charge	01 Jan 02 n/a <b>EXAMPLE</b>
B. C. D.	Jurisdiction Date of charge Docket number (if any) Initial charge	01 Jan 02 n/a <b>EXAMPLE</b> DWI
B. C. D. E.	Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Date of charge	01 Jan 02 n/a <b>EXAMPLE</b> DWI
B. C. D. E.	Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Date of charge Docket number (if any)	01 Jan 02 n/a <b>EXAMPLE</b> DWI
B. C. D. A. B. C. D.	Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Date of charge Docket number (if any) Initial charge	01 Jan 02 n/a <b>EXAMPLE</b> DWI
B. C. D. E. A. B. C.	Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Date of charge Docket number (if any)	01 Jan 02 n/a <b>EXAMPLE</b> DWI
B. C. D. E. C. D. E.	Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition	01 Jan 02 n/a <b>EXAMPLE</b> DWI
A. B. C. D. E.	Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction	01 Jan 02 n/a <b>EXAMPLE</b> DWI
A. B. C. D. E. A. B. A. B.	Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Jurisdiction Date of charge	01 Jan 02 n/a <b>EXAMPLE</b> DWI
B. C. D. E. C. D. E. A. B. C. C.	Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Date of charge Docket number (if any) Initial charge Current status or disposition  Jurisdiction Date of charge Docket number (if any)	01 Jan 02 n/a <b>EXAMPLE</b> DWI
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None 49. List every jurisdiction in which you hold or have ever held a motor vehicle driver's license or operator's positive Submit a <b>certified</b> driving record from the Department of Motor Vehicles from each of the following:												
		<ol> <li>Every jurisdiction in which you hold or have ever held a motor vehicle driver's license or operator's permit;</li> <li>Any jurisdiction in which you have resided for sixty days or more, whether on not you ever held a driver's license in that jurisdiction;</li> </ol>										
										ou ever held a driver's		
	3. Any jurisdiction in which your driving privileges have ever been suspended or revoked.								ed.			
		On Form 2 provide	e a narr	ative	for eac	h susp	ension or revocatio	n.				
A.	Jurisdiction Connecticut											
В.	Date held	,		01 Jan 80 – present								
C. D.	Type of licens Current statu	_	passe active	passenger car and motorcycle license <b>EXAMPLE</b>								
Б. Е.		revoked/suspended			No		Suspended from	9/1/01	To	12/1/01		
		•										
Λ	Jurisdiction											
A. B.	Date held		From	1			То					
C.	Type of licens	se/nermit	110111	· —								
D.	Current status											
E.	Ever revoked		Yes	П	No	П	Suspended from		To			
		<u> </u>					<u> </u>					
Α	T		1									
A. B.	Jurisdiction Date held		From				To					
Б. С.	Type of licens	a/normit	PIOIII	· —								
D.	Current statu	•										
E.	Ever revoked		Yes	П	No	П	Suspended from		То			
	270170701104	Suspended	100		110	<u> </u>	- Suspended Hem					
A.	Jurisdiction											
В.	Date held		From	1			To					
C.	Type of licens											
D.	Current statu	-										
E.	Ever revoked		Yes		No		Suspended from		To			
		SE	CTION	XIII.	SPECI	MEN	OF APPLICANT'S I	HANDWRITING	Ť			
	50. Each applicant shall file with the application for admission a copy of the following paragraph in the usual handwriting of the applicant. Copy the paragraph below in your usual handwriting in the space below. It should not be printed unless that is your usual form of handwriting.											
	I hereby acknowledge that this application for admission to the Connecticut bar is a continuing application and											

I hereby acknowledge that this application for admission to the Connecticut bar is a continuing application and that I have an obligation to keep my responses to the questions current, complete and correct by filing timely amendments until the date of my admission to the bar of Connecticut. I understand that an amendment is considered timely when made within thirty days of any occurrence that would change or render incomplete any answer on my bar application. I further understand that any false, misleading or evasive response on my bar application is inconsistent with the truthfulness and candor required of a practicing attorney and may be grounds for a finding of a lack of the requisite character and fitness for membership in the Connecticut bar. I certify that my purpose for taking the Connecticut Bar Examination is for admission purposes only.

Form 1E JUL 06

SECTION XIV. AUTHORIZATION AND RELEASE

Full Name	
Social Security Number	
Date of Birth	

As part of my application for admission to the bar of the state of Connecticut, I consent to have an investigation made as to my moral character, professional reputation and fitness to practice law. I agree to provide any further information that may be required in reference to my past record. I further agree to execute such further releases as may be requested by the Connecticut Bar Examining Committee. I understand that the contents of my character report are confidential and that I will not be entitled to receive a copy of the report, including but not limited to, character affidavits submitted in support of this application, or to know its contents.

I hereby authorize and request every person, firm, company, corporation, government agency, law enforcement agency, court, association or institution having control of any documents, records, or other information pertaining to me, to furnish to the Connecticut Bar Examining Committee any such information, including documents, records, bar association files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Connecticut Bar Examining Committee or any of its agents or representatives to inspect and make copies of such documents, records, or other information. The records, however, will not include any information with respect to a juvenile offense.

I authorize the National Personnel Records Center in St. Louis, MO or other custodian of my military record to release to the Connecticut Bar Examining Committee information or photocopies from my military personnel and related medical records including a copy of my Report of Separation DD214.

I hereby release, discharge and exonerate the Connecticut Bar Examining Committee, its authorized representatives and any person furnishing information authorized by this release from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the Connecticut Bar Examining Committee.

#### SECTION XV. ACKNOWLEDGMENT OF APPLICATION and AUTHORIZATION AND RELEASE

Dated at	City			State		on			
						(Signatur	re of Applicant)		
						(	································		
Email address:									
State of									
County of									
0 11 1			1 0		00				
On this the		lay)	day of	(month)	, 20_	be	efore me,		
	,,	iay)		(month)			(notary public/commissioner of the superior court)		
personally:	anneare	d				kno	own to me (or satisfactorily proven) to be the person		
personany	personally appeared, known to me (or satisfactorily proven) to be the person (applicant)								
whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein									
contained and that his/her responses are true, under penalty of making a false statement pursuant to CGS § 53a – 157b (a Class A									
misdemeanor).									
In witness whereof I hereunto set my hand.									
					(notary publi	c/commis	issioner of the superior court)		